**Permission to Participate in Waskowitz Outdoor Education Center Trips and Activities**

It is not necessary for your child to have a physical examination before attending Waskowitz, however, you should be sure that your child is in good health. If there is any question regarding your child’s physical condition, please consult your family physician to alleviate any concerns you might have. If an emergency should arise, you will be notified immediately using the information you provide below.

School Student Attends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Boy: \_\_\_\_ Girl: \_\_\_\_ Birth date: \_\_\_\_\_\_\_\_\_\_\_\_Month/Day/Year

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Include Group or Identification Number

Name of person who provides this coverage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian/Other

Is there any medication your child will be taking while at Waskowitz? [ ]  Yes [ ]  No

**If yes, you must complete and sign the Highline Medication Authorization Form that includes obtaining orders and signature by your licensed healthcare provider. If this is not complete, the medication cannot be given to your child at Waskowitz. This applies to both prescription and over-the-counter medications.**

**Health information and/or concerns:**

Check all that apply:  sleepwalking  bedwetting  other (please describe)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Diet information and/or food concerns:**

Check all that apply:  vegetarian  food allergies (please describe)  other (please describe)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your child’s picture may be used for Waskowitz Outdoor Education Center promotional material. I hereby give my permission for use of my child’s name and photo to be used in connect with a Waskowitz publication.

[ ]  (Check box only if you do **NOT** want your child’s picture used in any promotional material)

I hereby give my consent for my child to participate in the Outdoor Education Center program(s) while at Waskowitz. I also agree to the terms and conditions as stated above and explained in the Behavior Expectations and Medication and Treatment Information attached to this form.

In the event of injury or serious illness, I authorize qualified emergency medical professionals to examine and administer emergency care to the above named child. I understand every effort will be made to contact me to explain the nature of the problem prior to any treatment beyond immediate first aid.

In the event it becomes necessary for the school district staff who are in charge to obtain emergency care for my child, neither the staff nor the school district assumes financial liability for expenses incurred because of the accident, injury, illness, or unforeseen circumstances.

**Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication and Treatment Parent Information**

If your child will be taking any medication during their visit to Waskowitz Outdoor Education Center, please follow these instructions:

### All medications MUST BE MEDICALLY NECESSARY TO BE GIVEN AT WASKOWIZ. The following are examples of medications that are not necessary to have at Waskowitz, unless special circumstances exist: vitamins, herbal supplements, essential oils, cough drops and acne skin preparations.

1. All medications will ONLY be given at the following times: 8:00 a.m., 12:00 p.m. (noon), 4:00 p.m., 8:00 p.m. (bedtime), or As Needed/PRN.

### A completed Medication Authorization Form, completed by a health care provider, is required for prescription, over-the-counter medications and treatments. This form can be found in your Waskowitz Outdoor Education Center packet, online or from your School Nurse.

1. All Medication Authorization forms, medications, and treatment orders that your child will need while at Waskowitz **must be at the school office at least 10 days prior** to when your child is scheduled to attend Waskowitz.
	1. This allows time for the school nurse to review the orders and medication, instruct teachers about giving medications and correct any problems with the medication orders.
	2. The only medications that will be accepted on the day your child leaves for Waskowitz will be medications that were prescribed during the past weekend. These medications and their authorization forms must be at the school office by 8:30am on the day your child leaves for Waskowitz.

### All Medications taken to Waskowitz must be in the original container and be clearly labeled.

* 1. Prescription medications must have a current prescription label that matches the provided Medical Authorization Form.
	2. Over-the-counter medications must be in the original, sealed container with your child’s name on it. The nurse will create a label that matches the provided Medication Authorization Form.

Please call your child’s school office and ask to speak with the School Nurse if you have any questions or concerns.

The Highline **Medication Authorization Form** can be found on our website: <https://www.highlineschools.org/departments/health-services/health-concerns>